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PATENT

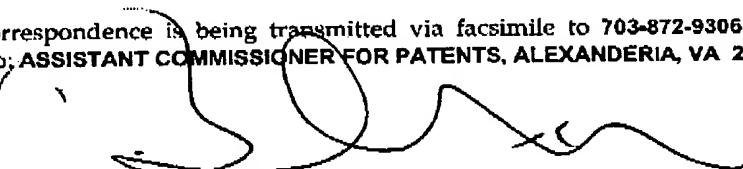
IN THE UNITED STATES PATENT & TRADEMARK OFFICE

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I hereby certify that this correspondence is being transmitted via facsimile to 703-872-9306 on 28 FEBURARY 2005 addressed to, ASSISTANT COMMISSIONER FOR PATENTS, ALEXANDERIA, VA 22313.


Roland K. Bowler II

Applicant:	CHO ET AL.)	Examiner M. Genack
Appl. No.	09/941,265)	Art Unit 2645
Confirm. No.	7226)	Atty. Docket No. CS11122
Filed:	28 August 2001)	

Title: "Mobile Communication Devices With Quick-Send Features
And Methods Therefor"

TRANSMITTAL UNDER 37 CFR 1.111

Assistant Commissioner for Patents
Alexandria, VA 22313

Sir:

MUELLER
"Communications Devices With Receiver
Earpieces And Methods Therefor"
Atty. Docket No. CM02020K

Appl. No. 10/184,278
Confirm. No. 3065
Examiner J. Chiang
Art Unit 2642

The following is enclosed in response to the non-final Office
Action of 16 December 2004:

- Response under 37 CFR 1.111 (24 pages);
- Declaration under 37 CFR 1.131 (3 page);
- Invention Disclosure (3 pages); and
- Fee Calculation Sheet (NO FEE DUE).

Respectfully submitted,

ROLAND K. BOWLER II
REG. NO. 33,477

28 FEB. 2005

TELEPHONE NO. (847) 523-3978
FACSIMILE NO. (847) 523-2350

MOTOROLA, INC.
INTELLECTUAL PROPERTY DEPT. (RKB)
600 NORTH U.S. HIGHWAY 45, AN475
LIBERTYVILLE, ILLINOIS 60048

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FEE TRANSMITTAL <small>Patent fees are subject to annual revision</small>						Complete If Known																																																																																																																																																																																																	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						Application Number 09/941,265 Filing Date 28 August 2001 First Named Inventor CHO Examiner Name M. Genack Group Art Unit 2645 Attorney Docket No. CS11122																																																																																																																																																																																																	
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Check Credit card Money Order Other None						<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Large Entity Fee (\$)</th> <th style="text-align: left;">Small Entity Fee (\$)</th> <th style="text-align: left;">Fee Description</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td></tr> <tr><td>1804</td><td>820*</td><td>1804</td><td>820*</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>60</td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td></tr> <tr><td>1253</td><td>1020</td><td>2253</td><td>510</td></tr> <tr><td>1254</td><td>1590</td><td>2254</td><td>795</td></tr> <tr><td>1255</td><td>2160</td><td>2255</td><td>1080</td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td></tr> <tr><td>1403</td><td>1000</td><td>2403</td><td>500</td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td></tr> <tr><td>1452</td><td>500</td><td>2452</td><td>250</td></tr> <tr><td>1453</td><td>1600</td><td>2453</td><td>750</td></tr> <tr><td>1501</td><td>1400</td><td>2501</td><td>700</td></tr> <tr><td>1502</td><td>600</td><td>2502</td><td>400</td></tr> <tr><td>1503</td><td>1100</td><td>2503</td><td>550</td></tr> <tr><td>1480</td><td>130</td><td>1480</td><td>130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>780</td><td>2809</td><td>395</td></tr> <tr><td>1810</td><td>780</td><td>2810</td><td>395</td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td></tr> <tr><td>1802</td><td>800</td><td>1802</td><td>900</td></tr> <tr><td colspan="6" style="text-align: right; padding: 5px;"> <input type="checkbox"/> Extra Claims <input type="checkbox"/> Fee (\$) <input type="checkbox"/> Fee Paid (\$) <input type="checkbox"/> Multiple Dependent Claims - 20 or HP = <input type="checkbox"/> x 50 <input type="checkbox"/> Fee (\$) <input type="checkbox"/> Fee Paid (\$) HP = highest number of total claims paid for, if greater than 3 <input type="checkbox"/> Fee (\$) <input type="checkbox"/> Fee Paid (\$) </td> </tr> <tr> <td colspan="6" style="text-align: right; padding: 5px;"> Total Claims <input type="checkbox"/> Extra Claims <input type="checkbox"/> Fee (\$) <input type="checkbox"/> Fee Paid (\$) <input type="checkbox"/> Multiple Dependent Claims - 3 or HP = <input type="checkbox"/> x 200 <input type="checkbox"/> Fee (\$) <input type="checkbox"/> Fee Paid (\$) </td> </tr> <tr> <td colspan="6" style="text-align: right; padding: 5px;"> 3. 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